FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

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Washington, D.C. 20549	OMB APPROVAL			
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number: Estimated average bure	3235-0287 den		
	hours per response:	0.5		

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person* HOSEIN CLYDE					2. Issuer Name and Ticker or Trading Symbol DENTSPLY SIRONA Inc. [XRAY]								(CI	heck all app	nship of Reportin applicable) Director		rson(s) to Is 10% Ov		
(Last)	(Fir	st) (N	Middle)			3. Date of Earliest Transaction (Month/Day/Year) 07/12/2024								Office below	er (give title v)		Other (s below)	specify	
C/O DENTSPLY SIRONA INC 13320 BALLANTYNE CORPORATE PLACE					4. If A	4. If Amendment, Date of Original Filed (Month/Day/Year)							Lin	6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person					
(Street)	Street) CHARLOTTE NC 28277			Rul	Form filed by More than One Reporting Person Rule 10b5-1(c) Transaction Indication														
(City)	(St	ate) (Z	Zip)			Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.									nded to				
		Table	I - No	n-Deriva	tive S	Secu	rities	Acq	uired,	Dis	posed of	, or	Ben	eficia	ally Own	ed			
1. Title of Security (Instr. 3) 2. Transact Date (Month/Day					Execut ny/Year) if any		cution I y	eemed ution Date, / th/Day/Year)				es Acquired (A) o Of (D) (Instr. 3, 4			nd Securit Benefic Owned	ies cially Following	Form (D) o	n: Direct or Indirect ostr. 4)	7. Nature of Indirect Beneficial Ownership
									Code	v	Amount	(A (D) or)	Price	Reported Transaction(s) (Instr. 3 and 4)				(Instr. 4)
Common Stock 07/12/2					2024						24.91(1)		A \$0		26,305.7055			D	
	Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																		
1. Title of Derivative Security (Instr. 3)	rivative Conversion Date Execution Date, curity or Exercise (Month/Day/Year) if any			Transaction of Code (Instr. Derivative		rative rities ired r osed)	6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		f g	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficiall Owned Following Reported Transactio (Instr. 4)	у	Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			
					Code	v	(A)	(D)	Date Exercis	able	Expiration Date	Title	or Nui of	ount mber ares					

Explanation of Responses:

1. Represents dividends on restricted stock units (RSUs) awarded to the Reporting Person in the form of additional RSUs and are subject to the same vesting terms as the underlying awards. The dividends vest simultaneously with the RSUs to which they relate. Each RSU converts to common stock on a 1:1 basis.

Dane Baumgardner, Attorney-07/15/2024 In-Fact for Clyde R. Hosein

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.